

REVISION

89

State/Territory: WASHINGTON

Citation

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the office of the Governor to review State plan amendments, long-range program planning projections, and other periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ [X] Not applicable. The Governor--


☒ [X] Does not wish to review any plan material.

☐ [] Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
(Designated Single State Agency),

Date: July 1, 2000


(Signature) DENNIS BRADDOCK
(Title) Secretary

TN No. 00-012
Supersedes
TN No. 96-04

Approval Date 8-15-00

Effective Date: 7/1/00